

WEST BENGAL MEDICAL COUNCIL

IB 196, Sector III , Salt Lake,
Kolkata – 700 106

☎ 2335 – 5575, 5663, 3078 Email : [wbmc@wbmc.in](mailto:wbbc@wbmc.in) Website : www.wbbc.in

FOR OFFICE USE ONLY

Received Rs. **1000.00** through Debit / Credit Card vide
Money Receipt No. _____ dated _____.

Cashier, WBMC

Please accept Rs. **1000.00**
(Rupees One Thousand only)
in cash.

Certified that the (a) Name is still borne and (b) Signature seems to
be genuine. Approval may be accorded for Change of Address in
the records and issue of fresh Updated Registration Certificate.

Date : _____
Dealing Assistant,
WBMC

Date : _____
Dealing Assistant, WBMC

Approved

Registrar, WBMC

Application Form for change of address

The Registrar,
West Bengal Medical Council,
IB 196, Sector III , Salt Lake,
Kolkata – 700 106.

Dear Sir,

I am a Medical Practitioner and registered with your Council against Registration
No. _____ dated _____.

I have changed my present / permanent address and now wish to record the following changed address
as my permanent / present address in the records being maintained by WBMC.

| Please fill in with block letters | |
|-----------------------------------|------------------------|
| Permanent Address | Present Address |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ Pin Code : _____ | _____ Pin Code : _____ |

The requisite Fee of Rs. **1000.00** (Rupees One Thousand) only is being deposited in cash.
Original Updated Registration Certificate is being surrendered herewith for issue of a fresh one
incorporating the above changed address.

Thanking you,

Yours faithfully,

| |
|-------------------|
| Phone Nos. |
| _____ |
| _____ |

Signature in full

Name in block letters

Registration No.

_____ date _____

Encl : Original Updated Registration Certificate.